

Personal Experiences Disaster Survey (PEDS)

Name: _____ Age: _____ Gender: M F Race/Ethnicity: _____ Marital Status: _____

Today's date: _____ What date did the disaster begin? _____

Please briefly describe the crisis or disaster: _____

Thank you for taking the time to fill out this survey. We realize from our own disaster experience that you have many things to do. Disasters and crises are different for each person, and they don't end all at once. Some reactions occurred to you or your family during the recent crisis or disaster, and some are still continuing now. For each question, please check either yes or no. If you check yes, please circle one of the five descriptors (not at all; rarely; sometimes; often; very often) to answer the question about your reactions. Because this is a standardized disaster survey, there may be questions that do not apply to your experience.

PART I

- Did you experience physical injury requiring treatment? ☐ YES ☐ NO
- If yes, did this cause you to feel terrified, helpless, or horrified?
- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Did anyone of your loved ones experience physical injury requiring treatment? ☐ YES ☐ NO
- If yes, did this cause you to feel terrified, helpless, or horrified?
- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Did you know or witness other people become injured? ☐ YES ☐ NO
- If yes, did this cause you to feel terrified, helpless, or horrified?
- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Was your life or health in severe danger? ☐ YES ☐ NO
- If yes, did this cause you to feel terrified, helpless, or horrified?
- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Were anyone of your loved ones' lives or health in severe danger? ☐ YES ☐ NO
- If yes, did this cause you to feel terrified, helpless, or horrified?
- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Was there a period of time when you were uncertain about the welfare of loved ones? ☐ YES ☐ NO
- If yes, did this cause you to feel terrified, helpless, or horrified?
- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Did you feel "spaced out", in a daze, or emotionally numb? ☐ YES ☐ NO
- If yes, did this cause you to feel terrified, helpless, or horrified?
- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

Personal Experiences Disaster Survey (Page 2)

- Were any loved ones' terrified or horrified? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Were any loved ones' "spaced out", in a daze, or emotionally numb? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Was your home severely damaged or destroyed? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Were important personal property or belongings severely damaged or destroyed? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Was your home or business looted? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Did you have to defend your home or business from looters? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Were racial slurs directed at you? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Did anyone physically threaten you? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Did anyone physically assault you? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

- Did anyone direct racial slurs toward you? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

Personal Experiences Disaster Survey (Page 3)

• Did you physically strike anyone? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Did you fire a gun? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Was your workplace badly damaged or destroyed? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Was your community badly damaged or destroyed? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Were you unable to get food, liquids, or shelter? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• As a result of the disaster, do you have major financial problems? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Were you temporarily separated or cut off from family members or close friends? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Were you exposed to toxic chemicals or gases? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Were you exposed to other strong odors (e.g., smoke, mildew, dust)? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Do you have children under the age of 18 years old who were exposed to the disaster? ☐ YES ☐ NO

• Was there a fatality in your family? ☐ YES ☐ NO

Personal Experiences Disaster Survey (Page 4)

• Did you witness any fatalities? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Were you exposed to bodies or people who were horribly physically injured or disfigured? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Were you exposed to terribly damaged, burned or destroyed buildings or vehicle? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Were you exposed to people acting violently or destructively (e.g., rioting, looting)? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Did you have any other experience that caused you to feel terrified, helpless or horrified? ☐ YES ☐ NO ☐ In the Disaster ☐ Continuing now

If yes, please briefly describe: _____

• Were you unable to safely travel in and around your community? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Did you have to evacuate your home/community? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Have you experienced a spiritual crisis? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Has your marriage (primary relationship) been severely stressed or troubled? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Has your relationship with your children been severely stressed or troubled? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

Personal Experiences Disaster Survey (Page 5)

- Has your relationship with your neighbors and friends been severely stressed or troubled? ☐ YES ☐ NO

If yes, did this cause you to feel terrified, helpless, or horrified?

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

PART II

In this section, the survey consists of questions related to social support.

- Do you feel closer to some people? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Did you receive a lot of support from others? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Do feel there has been at least one person who understands the effects of the disaster on you and your family? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Do you feel there are several people who understand the effects of the disaster on you and your family? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Do you attend church or a temple? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Have your fellow church or temple members been supportive? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Have you talked with a counselor about the effects of the disaster on you/family? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

- Have you found talking with a counselor to be helpful? ☐ YES ☐ NO

If yes,

- | | | | | | |
|--|------------|--------|-----------|-------|------------|
| <input type="checkbox"/> In the Disaster | not at all | rarely | sometimes | often | very often |
| <input type="checkbox"/> Continuing now | not at all | rarely | sometimes | often | very often |

Personal Experiences Disaster Survey (Page 6)

• Has your family have spent more time with others? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Have you received a lot of useful information about disaster-related stress? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Have you experienced a great deal of frustration trying to obtain government assistance? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Do you feel more distrustful of government? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Do you feel more distrustful in general? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Have you avoided talking with others about your disaster experiences? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Have you stopped attending church or temple regularly? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Have you discontinued a social or recreational activity because of loss of interest? ☐ YES ☐ NO

If yes,

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

Personal Experiences Disaster Survey (Page 7)

• Have you received useful information about the effects of stress on children

☐ YES ☐ NO

If yes

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

• Do you spend more time with people?

☐ YES ☐ NO

If yes

<input type="checkbox"/> In the Disaster	not at all	rarely	sometimes	often	very often
<input type="checkbox"/> Continuing now	not at all	rarely	sometimes	often	very often

Thank You For Completing this Disaster Survey

PCL-D

Your Name: _____ Date: _____

Instructions: Below is a list of problems and complaints that people sometimes have in response to the stresses of disaster. Please read each one carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the disaster?	1	2	3	4	5
2. Repeated, disturbing dreams of a stressful experience from the disaster?	1	2	3	4	5
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	1	2	3	4	5
4. Feeling very upset when something reminded you of a stressful experience from the disaster?	1	2	3	4	5
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the disaster?	1	2	3	4	5
6. Avoiding thinking about or talking about a stressful experience from the disaster or avoiding having feelings related to it?	1	2	3	4	5
7. Avoiding activities or situations because they reminded you of a stressful experience from the disaster?	1	2	3	4	5
8. Trouble remembering important parts of a stressful experience from the disaster?	1	2	3	4	5
9. Loss of interest in activities that you used to enjoy?	1	2	3	4	5
10. Feeling distant or cut off from other people?	1	2	3	4	5
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	1	2	3	4	5
12. Feeling as if your future will somehow be cut short?	1	2	3	4	5

	Not at all	A little bit	Moderately	Quite a bit	Extremely
13. Trouble falling or staying asleep?	1	2	3	4	5
14. Feeling irritable or having angry outbursts?	1	2	3	4	5
15. Having difficulty concentrating?	1	2	3	4	5
16. Being “super-alert” or watchful or on guard?	1	2	3	4	5
17. Feeling jumpy or easily startled?	1	2	3	4	5

Adapted with permission from the PCL-C for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane, National Center for PTSD - Behavioral Science Division